



Farm Business Management
Progress Report for Second Year
to be completed and signed at the completion of year two

Name _____ Address _____
City _____ State & Zip _____
Phone Number _____ County FSA Office _____
Date Enrolled _____ Date Completed yr 2 _____ Overall Score _____

Assignments, comments remarks

Evaluate family & business goals _____

Update Inventories _____

Formulate Cash Flow Plan _____

Enterprise Planning & Budgeting _____

Crop Records Update _____

Crop & Feed Inventory _____

Update Records for closeout _____

Other _____

Program Score Yr 2 _____ Overall Program Score _____

enrollee

date

Instructor

date